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CONFIRMATION NO. 2726

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/500,013 | 06/23/2004 RULE | 607 | 3766 | 246 04 01 US DMY | | |
| APPLICANTS Erella Pines, Pardes Hanna, ISRAEL; Mark Fenster, Raanana, ISRAEL; ** CONTINUING DATA ***** This application is a 371 of PCT/IL02/00085 01/30/2002 which claims benefit of 60/264,686 01/30/2001 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/04/2005 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ERIC D BERTRAM/ Acknowledged Examiner's signature | | <input type="checkbox"/> Met after Allowance EDB Initials | STATE OR COUNTRY ISRAEL | SHEETS DRAWINGS 12 | TOTAL CLAIMS 61 | INDEPENDENT CLAIMS 4 |
| ADDRESS YORAM TSIVION P.O. BOX 1307 PARDES HANNA, 37111 ISRAEL | | | | | | |
| TITLE System and method for electrical stimulation of salivation | | | | | | |
| FILING FEE RECEIVED 727 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |